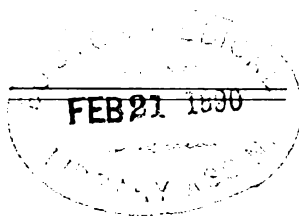


THE

Western Medical Reporter

A MONTHLY

EPITOME OF MEDICAL PROGRESS.



JOHN E. HARPER, A. M., M. D., - - - - EDITOR.

G. FRANK LYDSTON, M. D., - - - - ASSOCIATE EDITOR.

Volume XI.

CHICAGO, 1889.

Western Medical Reporter.

A Monthly Epitome of Medical Progress.

VOL. XI.

AUGUST, 1889.

No. 8.

ORIGINAL ARTICLES.

The Etiology of Typhoid Fever.

By S. K. CRAWFORD, M.D., CHICAGO.

This present paper is not designed to be an elaborate discussion of the general causes of typhoid fever, on the broad ground so ably gone over by eminent authors, both in Europe and America, and from whose record so many important facts may be gathered, and from which so much of interest and importance may be taken. The *aim* of the paper is to formulate facts made manifest by observation and demonstrate them to be facts by recording the story of their phenomena, and from such formulation draw conclusions, that if accepted, and utilized in a practical and practicable manner, may be made to do good service in the field of preventive medicine.

While typhoid fever is much more common, and by far much more abundantly found, in certain *belts* of the earth's surface, it *extends* its invasions to all parts of the habitable globe, making no distinction of persons, attacking the rich as well as the poor, the high as well as the lowly, palaces sometimes as well as hovels, and at times prefers kings to their subjects. And while this disease *does* appear to have slight preferences at times for autumn and winter, to the extent of having in a measure earned and received at one time the cognomen of "autumnal fever," and at another time and place "winter fever," it *extends* its operations at all times of the year, in season and out of season as well as to all parts of the globe, and to every people. Hence it is necessary for us to know, if possible, the nature and character of this cause, or these causes, the mode and manner of its, or their invasion, and thereby to be the better able to give scientific and intelligent battle to an enemy which knows no land-marks, or boundaries, no caste, no seasons, by whom victims are counted by thousands annually.

If it be true, as the older pathologists thought, that the exciting cause, or causes, of *typhoid fever*, may have its or their origin in the living human fabric itself, and that it is the illegitimate offspring of destructive metamorphosis, and mal-assimilation, superinduced by a multitude of causes, we should be conversant with the facts, and be able to recognize the circumstantial combination, and so be able on occasion to thwart the disastrous results.

On the other hand if there be a living organism, or germ capable of existence external to the body, and whose introduction into the human physical fabric, results in the phenomena of *typhoid fever* then we should by all means make ourselves familiar with the character and habits of such organic body, and know something definite of its favorite habitats, and the manner of its furious onslaughts. This discussion will not embrace the subjective predisposing causes of typhoid fever, as the facts warrant the assertion that whatever the physical circumstances of the subject may be, the preparation of the body, predisposing it to this disease, is but the fallowing of the soil, for

the better nourishment of the plant, which we presuppose to have been introduced in every case of the disease. In the preparation of the paper the author has thought best to state the facts in the form of propositions, following each with the evidences of its validity, connecting the whole by an unbroken chain of circumstances, easy of comprehension. This arrangement has been suggested by the natural order in which the subject presents itself.

Proposition 1: TYPHOID FEVER, is the product of a *living germ*, a *CONTAGIUM VIVUM*. Notwithstanding the failure till within a comparatively recent date, to demonstrate by any scientific process, or maneuver, the exact nature and appearance, the outlines or conformation of this micro-organism, it has for a considerable time been known to us by its effects, by its phenomena, by its habits in the same manner as were known to us the specific causes of other infectious and contagious diseases. But modern research, based upon careful and patient culture, and the revelations of the microscope, and prompted by the successful hunt in other fields, has settled the question beyond the shadow of a doubt, and the matter of specificity need no longer trouble observers and investigators in this important and interesting field. At some future meeting of this society we will attempt to show by photograph the typhoid germ in its various stages of development, as found in the dejections of typhoid fever patients, in pathological specimen, taken at post-mortems of fatal cases of the disease, and from decomposing masses of matter outside the body, from which we know to a certainty that typhoid fever had emanated. Of course it would be out of the question notwithstanding the fact, that the paper confines itself to the study of the infective typhoid germ, its habits and its habitats, to consider all the circumstances of its existence, but enough can be shown of this dangerous living, lurking germ, to make it possible to dispossess him of much of his wonted spoil.

Proposition 2: This organic body, this living germ, this *contagium vivum*, has a *plurality of habitats*. To this fact, in great measure, has been due the difficulties and confusion encountered, in arriving at a clear and definite understanding of its exact nature, and the laws which determine, govern and modify its invasions. Many conflicting theories have been advanced by different authors of equal prominence, and entitled to like consideration and credence, but these confusions can be harmonized in large measure by clearly demonstrating the correctness of this proposition. Thus, for instance, take the outbreak recorded by our own late lamented Flint, in 1843, which occurred at North Boston, near Buffalo, N. Y. The record as given us by Dr. Flint, brings the following facts plainly to view. (a) The plant was obtained from a single case of unmistakable typhoid fever. (b) That the disease is communicable from one person to another. (c) That the contagion may be conveyed to healthy persons by their personal contact with patients. (d) That the water in the common well in all human probability was contaminated from the dejections from the first patient, and further by subsequent patients. (e) That the disease may be communicated through the atmosphere, and that the more constantly the impregnated air is breathed the sooner the disease will manifest itself and this is clearly the fact, from the circumstance that the people of the Inn were the first to become affected. (f) These facts were all confirmed by the entire exemption of the

careful exploration of the organ with an olive-pointed bougie revealed a marked constriction about an inch from its orifice.

In order to expose it the urethra was laid open on a grooved director as far back as the corona which disclosed a dark red nodular growth about the size of a split pea and very sensitive. On loosening the tourniquet the blood spurted from a fair size vessel in the center. The actual cautery was then resorted to, and vigorously applied until the entire growth was destroyed, completely controlling the hemorrhage. The wound was closed with two hare-lip pins and a soft rubber catheter was reintroduced into the bladder and allowed to remain in situ forty-eight hours.

The wound united by primary union and on the third day the pins were removed. A liberal diet and full doses of quinine and iron soon brought color to the blanched lips. On the eleventh day the patient expressed a desire to return home, being free from pain and experiencing no difficulty whatever in urinating.

Case 2. Presented himself at the hospital in 1885. Said he noticed a sensitive point just within the urethra, the pain being increased on micturition, the caliber of the stream was much reduced. He had consulted a physician previously who diagnosed stricture, and ordered him to introduce a short metal bougie, but this occasioned so much pain that he was obliged to discontinue it.

He was a man of good physique and good color, penis normal size, prepuce well retracted. A sensitive point was discovered just directly under the corona. Exploration with the bougie made apparent an obstruction of some size about the fissa navicularis, so sensitive that it was impossible to satisfactorily explore it. Ether was administered and the penis was laid open on the dorsum sufficiently to expose the floor of the fissa navicularis. A dark cherry red growth about the size of a split pea, very sensitive but with no tendency to hemorrhage was revealed. The growth was destroyed with the actual cautery and the wound closed with two hare-lip pins. The wound united in two days, when the pins were removed. The patient was greatly relieved, experienced no pain in micturition.

STRETCHING THE ANUS AS A CURE FOR RHEUMATISM.—There is a colored gentleman in the Opera House Block who does not think much of "homœopathic-rectal" surgery. About a year ago the colored party in question—who presides over the shine department of the building—consulted a certain homœopathic practitioner, who shall be nameless, regarding a "touch of rheumatics" in one of his legs. The rectal enthusiast spread out an awe-inspiring array of instruments and voodooed his victim into the belief that his rectum was full of "pockets," and suggested "cutting them out." As the subject expressed it, "he done stretched me big as a dinnah plate, and cut me all up. I done wore a napkin for months, but dat rheumatics is wuss'n ebber. Dat same feller done tole a friend ob mine wid a sore throat dat he had some pockets in his rectum, but he had more sense dan me, an tole him to go to h—l. All dese doctahs care about is workin' pockets, anyhow."

It is a positive fact that this same "surgeon" proposed a similar operation to a friend of ours who was suffering from bronchitis. Who knew so well the temper of the dear public as did Barnum.

Digitized by Google A. W. SERIEUX.

Western Medical Reporter.

A Monthly Epitome of Medical Progress.

JOHN E. HARPER, A.M., M.D., EDITOR.

G. FRANK LYDSTON, M.D., ASSOCIATE EDITOR.

Subscription, \$1.00 a year; to Europe, \$1.25.

Entered at Chicago post office as second-class matter.

THE EDITOR would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the full name and address of the writer, although not necessarily to be published.

All communications should be addressed to

WESTERN MEDICAL REPORTER,
163 State Street, Chicago.

Brown Sequard and the Fountain of Youth.

And now we are asked to believe that the venerable Brown Séquard has discovered the secret of life—the perennial fountain—the waters of which once quaffed, metamorphose the trembling and impotent old man into a strong and virile youth. The wondrous brew which is to defy Old Time is the juice of the testes of animals; the method of administration is by hypodermic injection. M. Variot follows the "bell-wether" over the fence and confirms Brown Séquard's experiments by a series of cases. These cases were old men of 54, 56 and 58 years respectively. The injections were followed by "general exaltation of nervous sensibility, stimulation and regulation of digestion, and an increase of muscular vigor."

It is fortunate for our eminent brother that the world is too enlightened to believe in sorcery and witchcraft, otherwise we would tremble for his safety. We regret that the preparation of the magic draught has not been more thoroughly outlined. If we are not mistaken, the distinguished and learned compounder forgot to mention whether the decoction should be brewed at the full or dark of the moon.

It is a lamentable and indubitable fact that some men outlive their usefulness. Why is it that men who have achieved renown in science, letters and politics, live long enough to ruin the good work of the vigorous early and middle periods of life? Had John Bright died a few years earlier, there would never have been a single criticism of his life and works. The stand which he took regarding the momentous questions involved in our own civil war, was enough to enshrine him in the memories of patriotic Americans at least, for all time. His attitude in the Irish question more than neutralized his previous commendable actions. That Bright, the great and liberal commoner, should tacitly ally himself with the aristocracy in the oppression of the Irish, can only be explained by the inconsistency and inconstancy which is but natural to the man in his dotage.

Tennyson, who has done work which will justly immortalize him, has nevertheless lived long enough to produce material—poetry by courtesy—which is but the drivel of senility, if indeed it is no worse. Many years ago Brown Séquard, by his researches in neurophysiology and pathology, took his place among the foremost medical philosophers of the age. If some good genius had impelled him to cease philosophizing and experimenting at "the zenith of his fame," nothing could have dimmed the lustre of his contributions to science. His unlucky star certainly must have been in the ascendant, for some years later we find the poor old man going from place to place and trying to con-

HARVARD UNIVERSITY

vince the profession that the theory which had made him famous, was wrong. The ancient story of the cow that gave the good pail of milk and then kicked it over, seems very appropriate in this connection.

What is most peculiar about the latest freak of our eminent scientist, is his verification of a time-honored and fallacious notion of the laity as to the potency of "fries"—a notion the practicability of which might be testified to by full many a sorrowing capon. The ancients had great faith in the magic of Séquard's brew. Horace is quoted as imploring a famous and powerful witch to impart to him the secret process by which a certain rejuvenating draught was made. This was manufactured at night with great mystery, by grinding up flesh torn from fiery Roman stallions. The MEDICAL RECORD suggests that the brew of Brown Séquard contains a stimulating leucomaine, to which its effects may be attributed. Had the "discovery" originated in the mind of a lesser light in medicine, the RECORD—which is nothing if not candid—might have suggested the possibility of the claims of Brown Séquard being unmitigated bosh. We are thankful for the suggestion as to leucomaines, however; our ideas of the potency of a certain food preparation are now more lucid. Science makes clear and technical what the olfactories of our patients have already discovered.

If the "rejuvenator" prove to be as potent as is claimed by its originator, it might be well for us to give Chinese therapeutics more attention. There may be more in the nostrums of the almon-eyed heathen than our more enlightened medical philosophy has yet dreamed of.

Apropos of Brown Séquard's pharmacological and therapeutical discovery, it might be well to inquire whether the distinguished investigator has not stolen some of Shakspeare's thunder.

"Round about the caldron go,
In the poisoned entrails throw.
Toad, that under coldest stone,
Days and nights has thirty-one,
Sweltered venom, sleeping got,
Boil thou first i' the charmed pot!"

"Fillet of a fenny snake,
In the caldron boil and bake
Eye of newt, and toe of frog,
Wool of bat, and tongue of dog,
Adder's fork, and blind worm's sting,
Lizard's leg and owl's wing,
For a charm of powerful trouble,
Like a hell broth boil and bubble.

"Scale of dragon, tooth of wolf;
Witch's mummy, maw and gulf
Of the ravined salt sea shark;
Root of hemlock, digged i' the dark;
Liver of blaspheming Jew,
Gall of goat, and slips of yew,
Silvered in the moon's eclipse;
Nose of Turk, and Tartar's lips;
Finger of birth-strangled babe,
Ditch delivered by a drab—
Make the gruel thick and slab;
Add thereto a tiger's chawdron,
For the ingredients of our caldron.

"Cool it with a baboon's blood,
Then the charm is firm and good."

—*Macbeth*, Act 4.

Needed a Change.—Doctor—"What your husband needs, madam, is change of scene."

Mrs. De Temper—"Do you think he should go off for his health?"

"Well, it doesn't matter which goes—you or he."

The Pathogeny of Vice.

A Study in Crime, Pauperism, Inebriety and Prostitution.

Lecture delivered before the Illinois College of Pharmacy by

G. FRANK LYDSTON, M. D.

GENTLEMEN: There is a certain element of frailty in human nature, which impels every one who is fortunate enough to obtain an audience, to speak of some subject which has been his particular hobby. In this respect I am no exception to the general rule, and will therefore direct your attention this evening to a subject which has always been of the deepest interest to me.

Some eight or nine years ago I made some special studies of the criminal classes as met with in the public hospitals and prisons in New York city, and ventured to publish my conclusions in an essay on the influences of heredity and disease in the production of vice. The views expressed in this essay were evidently not acceptable to some of my orthodox friends, for they stopped their warfare with Satan temporarily and attempted to settle accounts with me—"a distinction without a difference," perhaps, but not by any means convincing me of the error of my ways, inasmuch as I still entertain my former views and indeed, have become more firmly convinced of their correctness, by more mature study and observation.

The consideration of those influences which tend to the production of vice and crime in their various phases is well worthy the attention of every thinking individual. The question is, however, so universally discussed from a strictly moralistic standpoint, that I am free to confess to a feeling of doubt as to the acceptability of a presentation of the subject based entirely upon materialistic philosophy.

It has always seemed peculiar to me, that in the present era of social and educational progress, so little has been accomplished in the repression of crime. Advanced as our civilization is in other directions, in this respect it is lamentably weak.

We have laws enough and people to dispense them—justly or unjustly—and numerous penal institutions wherein to confine offenders against law and order, but these things have ignominiously failed to lessen the ratio of criminals in our social system. These things have failed in great measure because they are built upon unphilosophical views of the causes of vice, and because, moreover, they are designed to protect society from the acts of the present generation of criminals only, with a total disregard of the generations and generations yet to come.

The prevalent idea of the criminal is that he is from choice a bad man. The idea that he may be a sick man, mentally and physically, or that he is developing in his day and generation the defects, diseases and incidentally the vices, of his ancestors, is often treated as rank heresy.

Again, that a pernicious and unhealthful social system, is in itself one of the causes of criminality, never enters the mind of the orthodox moralist, who—poor insignificant microcosm that he is—reasons by parallels and sees with the eyes of bigotry.

Habitual criminals, "poor children of Ishmael," vicious as they are, afford as plain evidences of a diseased and perverted state of society, as do vicious inflammations, of a diseased constitution in a single human being.

In our consideration of the cause of vice in its various forms, it will be necessary to adopt a certain sys-

Western Medical Reporter.

A Monthly Epitome of Medical Progress.

VOL. XI. SEPTEMBER, 1889. No. 9.

ORIGINAL ARTICLES.

The Pathogeny of Vice.

A Study in Crime, Pauperism, Inebriety and Prostitution.

Lecture delivered before the Illinois College of Pharmacy by

G. FRANK LYDSTON, M. D.

Continued from page 191.

Now, it is to be remembered that any family of low origin and little education would, under the same circumstances, produce similar results, and the primary viciousness of the family would be transmitted from mother to daughter, and from father to son, as long as the causes existed, and it would be likely to grow worse with each succeeding generation.

Thus we have in the history of the Jukes family a general illustration of the influence of hereditary descent and evil surroundings in the production of crime.

But a tendency to crime may be acquired, even though the individual be of the best of stock and his surroundings and educational advantages the best possible. As a rule, however, such persons will be found to be of a feeble organization and easily influenced, for the healthy man of a disciplined mind and a strong will is not likely to be overcome by evil associations.

There is, however, an intellectual type of criminal, not bred like the Jukes. This is illustrated by the man in a high commercial or professional position, who deliberately lays aside those scruples of conscience and character, which have hitherto been obstacles in the way of the gratification of his ambition. Such instances are of a sporadic type, and illustrate not a defective will, but one of power, which enables its possessor to drown his conscience for the nonce. The possible magnificence of the reward of the successful bank defaulter, and the obvious facility of escape, are great anæsthetics for his moral perception.

The influence of disease, either hereditary or acquired, in the causation of vice, is rarely given its meed of consideration. This seems strange, too, if one but considers the numerous familiar examples of the effects of disease upon the mind and morals. A man with dyspepsia, is apt to be of a sour and cross disposition. If one has a sluggish liver, he is liable to melancholy. There is nothing more testy than a man with the gout, unless perhaps it be an hysterical woman. It may indeed be assumed that an angel with an indigestion, would be bad tempered. The influence of acute disease upon the mind, in the production of mania and delirium is well recognized.

As far as the typical criminal class is concerned, the studies of Benedikt and Osler have shown that there is often a physical cause for a deficient moral sense, in the form of a defective or atypical development of the brain. Several observers have noted the relatively great frequency of chronic disease among convicts. My own observations have tended to confirm this fact. I found that among the convicts at the Blackwell's Island penitentiary, to which I had the doubtful pleas-

ure of being surgeon for some time, nervous diseases were especially frequent; epilepsy, and among the women, hysteria, were very prevalent. True insanity was however rare, for the reason that insane convicts were sent to the asylum, and not to the penitentiary. The hope of transference to the asylum, from which escape would be comparatively easy, gave rise to a few cases of feigned insanity.

As a class, the convicts were of a very inferior mental development, although possessed of a considerable degree of brutish cunning. Here and there a really bright intellect was noted, but always in the case of some member of the better class of society, who had fallen from grace, either from necessity or evil associations.

The typical criminal is an ill-favored, low-browed, slouching brute, but the variations of type are many, and sometimes perplexing. The social and moral leper may be of the highest type of physical attractiveness. Such individuals are, however, mere breaks in the chain of criminal evolution.

Where there is a defective fibre, education and refinement fail in their object. The defective fibre may show itself only under exceptional circumstances. I know, for example, a professional man who while in a state of semi-intoxication, is a creature too low for consort with human beings, and whose conduct makes one wonder whether an apology is not due the anthropoids for our scientific assumption of their kinship with the human species.

Bruce Thomson, surgeon to the general prison of Scotland, states that he never saw any manifestations of artistic talent among criminals. In this respect American criminals are superior to their European brethren. It was by no means unusual to find convicts of decided talent at Blackwell's Island, and I have met with exceptionally clever wood carvers, draughtsmen, and penmen among them. What was most striking too, the more delicate of the criminals were usually the most talented. This is easily explained. A delicate man of criminal propensities will naturally shun the ruder branches of crime, such as highway robbery and burglary, and is most likely to develop his talents in such a manner as to make his wits profitable in confidence games, pocket-picking and forgery. His more robust brother needs but little brain, and much muscle, in his relatively dangerous projects.

When a convict becomes too sick or too old to work at his profession, he reforms and becomes a pauper; the tax-payer keeps him in ease and quietude as a reward for his good deeds. As a rule, your real good convict is a helplessly sick one.

One reason for the fact that some observers claim that convicts as a class are healthy, is that their investigations are not carried far enough. I found that when a convict became too sick to follow his avocation, he reformed and entered the almshouse or charity hospital as an honest (?) pauper. As a consequence, the number of cases of actual chronic disease in the penitentiary did not represent the total amount among the convicts as a class.

Basing my opinions upon practical observation, I will venture to assert:

1. That criminals are subject to a great variety of chronic diseases, and especially those of a nervous type.
2. That they are, as a class, persons of feeble will and inferior intellect.

It is to be expected that modern science will do something to protect the living from the decomposition of our dead. In spite of nonsensical sentimentality there can be no more disgusting method of disposal of the dead than that now in vogue. Let any sentimentalist have the opportunity of viewing the remains of some friend who has been buried a couple of weeks in mid-summer, and he will be converted to almost anything the scientist has to offer. To the majority of people, the opportunity of viewing the remains of their beloved dead at any period they may choose after sepulture, will be welcome,—provided there be no disagreeable features attendant upon such inspection. With a perfect system of embalming, and a well-conducted mausoleum, it is possible that we may even outdo the Egyptians.

In any event the, poetical metaphor of Bryant's *Thanatopsis* will be practically realized; for the coming mausoleum will indeed be "that mysterious realm where each must take his chamber in the silent halls of death."

Chicago and the World's Fair.

The duty and influence of the physician in matters of public importance are too often forgotten, not only by the laity, but by the physician himself. Few men are so far-reaching in their influence as the family physician, who, although he is not generally considered much of a factor in the business world, is none the less public-spirited, and possessed of wisdom which might well be utilized at such times as the present. The world's fair is a matter which should arouse considerable enthusiasm on the part of the profession. Such benefits as may be derived from the proposed celebration will certainly be participated in by physicians, and they are in duty bound to further the projects to the best of their ability. An enterprise such as that outlined by those who are agitating the question of the fair will, if properly carried out, give all lines of business an impetus which will last for many years. Money will be easier, and the doctor's patients more liberal. We are apt to forget, many times, that the prosperity of the professional man is directly commensurate with the prosperity of trade in general; anything that improves the commercial status of the country gives the doctor better fees, and enables him to collect a larger proportion of his actual earnings. There is no patient so liberal as he who is prosperous, and none so niggardly and backward with everything but promises as the man upon whom fortune frowns. We can play best upon the purse-strings when the heart-strings of the patient are attuned to the kindly chord of commercial prosperity.

To the physician of the West and Northwest, the prospect of the great fair should be especially attractive, for there is little doubt that Chicago will be its location. As a matter of fact, there is really no other eligible situation for the fair. The accessibility of our city from all points, its central location, enormous area and consequent facilities for the entertainment of the immense concourse of people who will attend the exhibition, are obvious to every thinking individual. The arrogant pretensions of New York would excite ridicule if they did not inspire pity for the would-be metropolis. A fair in New York would have to be held in New Jersey, at Hunter's Point, among the savory glue factories, or in some other locality named "New York" for expediency's sake. The

water supply of New York is inadequate for "family" use, and when it comes down to picnics, celebrations, etc., that poor, misguided city will be too dry for comfort. Let our physicians join with the rest of our good citizens, and fight for Chicago and the fair. United effort means a fair; a fair means Chicago; and Chicago means a brilliant success.

It is in Chicago, that New York all yellow and dry,
May hear Young America sharp and spry,
With his thumb in his vest, and a quizzical air,
Sing out "old fogey, we've got the fair."

The Babbling of the Fountain of Youth.

For about four weeks or more the medical and lay press of the country has been busy making a harlequinade of the science of medicine. Oh! why did not Brown Séquard die and babble of green fields as did poor old Jack Falstaff? There is a species of erotomania that seizes upon old men, and sometimes impels them to do unheard of things—it would seem that for physical reasons the scientist has not emulated the Satyr,—but babbleth of strange elixirs and the renewal of his youth. Really we have been trembling with anxiety ever since our last screed upon the elixir of life appeared in print. To be honest about it, we were actually idiotic enough to try the stuff. Somewhere in "Don Juan," Byron places the puerile Lothario in a position to try the stoutest heart—and incidentally to severely test certain other functions of the youngster's economy. Appropos, Byron states that when King David's blood grew sluggish and cold, his doctors prescribed a young belle, further on he says "perhaps the remedy was in a different way applied, for David lived, while Juan, nearly died." So with the elixir, the remedy must have been in a different way applied, for Séquard's patients lived, while ours b'gosh they nearly died. For the sake of his past reputation it is to be hoped that Séquard will straightway announce that he has an enlarged prostate;—this would be some excuse for his freak.

Whatever excuse Séquard may have to offer, it will be difficult for those whose names have appeared in the newspapers so prominently, to find any other excuse than that of a desire to sensationally advertise themselves. We regret to see Ex-Commissioner De Wolf in the position in which he has placed himself; and yet, his occupation being gone, we presume that it was necessary for him to capture all the private practice at one fell swoop.

As for W. M. Hammond, well, we did have an idea that there might possibly be something in the elixir until he endorsed it. If anybody thinks that the new sanitarium in Washington will not go, he knows little of Hammond's commercial talent. We are on the *qui vive* of expectation of the new novel; surely so fertile a brain can find material in the "necessary parts of the lamb." Amelie Rives too, may be expected to be heard from—unless as we suspect, she knows an elixir more potent than that of Séquard.

The medical *Record* this week redeems itself by doing precisely what we prophesied it would do—stigmatizing the elixir and its vaunted powers as unmitigated bosh.

Now that the elixir has practically terminated its ephemeral existence, we hope that the jim crow doctor will find something new with which to advertise himself. So many septicæmic unfortunates are protest-

ing against the elixir that Jim Crow's occupation will soon be gone—and unless he can find a new sensation the X roads will seldom be heard from.

Medical Jingoism.

In view of the unwritten code of ethics which demands that the *elite* of the medical profession shall be possessed of a certain degree of modesty and some of the attributes of a gentleman, the antics of certain prominent men are amusing, not to say disgusting. We are at present being entertained by an intellectual (?) *passage d'armes* between the oleaginous and wily Hammond, and the bombastic and gouty Sayre. We do not care to enter upon a discussion of the merits of the quarrel of these medical Dromios; as for their object in dragging their grievances before the laity, it is easily comprehended. Hammond has a new sanitarium in Washington, that must "go Gallagher," while the reputation Sayre has acquired from the stolen brains of other people is growing rusty.

The old adage that "murder will out" is highly appropriate as applied to these eminent gentlemen. If there is a man in the profession who is any wiler or less to be depended upon than William M. Hammond, we have never heard of him. His insincerity is as pronounced as is the brilliancy of his imagination—an imagination that enables him to invent new diseases and write trashy novels with equal facility. No one understands psycho-therapy better than he; indeed, his practice, is a combination of metaphysics and the optical delusions incidental to confrontation with a glittering armamentarium which would put the patent office to the blush. Oh, quackery, where is thy sting? Oh, science, where is thy victory?

The doctor at the cross-roads, who has been worshipping at the shrine of Hammond for so long, may come gunning for us; but, in sooth, if our eminent friend be given rope enough he will hang himself.

If ever Greek met Greek, it was when Bombastes Furioso Sayre met the unctuous Hammond. Sayre has not the brain of a Hammond, and is, perhaps, the least noxious because more to be trusted;—his shortcomings are more of the daylight order. Observe the upward career of our bombastic friend:

Beginning with a capital of a plaster jacket, the credit of which justly belongs to his former interne at Bellevue Hospital—the ever talented but comparatively obscure Dr. Joe Bryan, of Kentucky,—Sayre has risen to prominence on wings of gall, wafted by autogenetic wind. Icarus like, he is getting too near the sun—the heat of public opinion may disjoint those wings. Yes, indeed, murder will out; and in their tilt upon the intellectual field the lion's skin is apt to drop from the shoulders of both these men and show them as they are, to a once admiring medical world—those preposterous ears are already attracting attention.

It would be interesting to know who owns the controlling majority of stock in the new advertising combine—we presume Brown-Séguard has an interest in the concern.

It may be a trifle Pharisaical, but the humble and obscure practitioner has reason to congratulate himself on his superiority to either of the professional mountebanks to whom we have so feelingly alluded. It must strike the average practitioner as a little peculiar that men of prominence arrogate unto themselves *carte blanche*, to play the ass, and advertise in almost any

manner that suits their whims, while their eminences would hound the obscure practitioner to death for doing the same thing.

There are men in the profession who have a standing contract with newspapers to be interviewed on every possible occasion. These interviews are invariably "fixed," and either written up or rehearsed beforehand. One of these days, somebody is going to write a book on medical humbugs, and there'll be blood on the face of the moon.

We regret our inability to accurately portray the rhodomontades of Sir Hammond and Lord Sayre.

"Oh, if we had Bryant's belligerent skill,
Or Alfred Tennyson's crimson quill,
Wouldn't we make this a bloody fight!
We'd curse and hack and throttle and stab,
And cut and thrust, and whack and jab,
Wade up to our ears in oaths and slaughter,
And pour out blood like brandy and water,
Hit 'em again if they asked for quarter;
But we never could wield a carnivorous pen,
Like either of these intellectual men."

The meeting of the Mississippi Valley Medical Association at Evansville, Ind., on the 10th, 11th and 12th inst., promises to be the largest convention of physicians and surgeons convened this year. This interesting and lengthy programme which we publish in another column, will call together many of the most prominent medical men in the country. The Society has for several years ranked second only to the National Association in its membership and the value of its scientific work. We bespeak a pleasant and profitable time for all those who attend. As Evansville is noted for her hospitality, the social features of the meeting will be in keeping with the scientific. The chairman of the committee on transportation has secured one and one-third rate from all the railroads in the valley.

Mississippi Valley Medical Association.

The fifteenth annual meeting will be held September 10th, 11th and 12th, 1889, at Evans' Hall, Evansville, Ind.

Officers and Committees of the Association—President, George J. Cook, M.D., Indianapolis, Ind.; Vice Presidents, J. D. Griffith, M.D., Kansas City, Mo.; J. A. Larrabee, M.D., Louisville, Ky.; Permanent Secretary, R. S. Thomson, St. Louis, Mo.; Assistant Secretary, Charles Knapp, M.D., Evansville, Ind.; Treasurer, W. C. Chapman, M.D., Toledo, Ohio; Chairman Committee of Arrangements, A. M. Owen, M.D., Evansville, Ind.

PROGRAMME OF PROCEEDINGS.

TUESDAY, SEPTEMBER 10TH.

10.00 a. m.—Call to order.

Report of the Committee on Arrangements—Dr. A. M. Owen.

Address of the President—Dr. George J. Cook.
Official reports.

PAPERS—MEDICAL.

Sterility in Women, its *Ætiology* and Treatment—E. S. McKee, M. D., Cincinnati.

To Open Discussion—W. H. Byford, M. D., Chicago, T. B. Harvey, M. D., Indianapolis.

Infantile Therapeutics—J. A. Larrabee, M. D., Louisville.

To Open Discussion—E. P. Cook, M. D., Mendota, Ill., J. W. Compton, M. D., Evansville.